

Substitute for form 1449/PTO (Revised 07/2007)  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/542,948
				Filing Date	July 21, 2005
				First Named Inventor	Emmanuel Legrand
				Art Unit	3723
Examiner Name	Alvin J. Grant				
Sheet	1	of	3	Attorney Docket Number	047578/294904

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Examiner Signature	/Alvin Grant/ (05/19/2009)	Date Considered	
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.G./

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Sheet	2	of	3	Attorney Docket Number	047578/294904

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